

To Whom It may Concern

RECEIVED

APR 23 2011

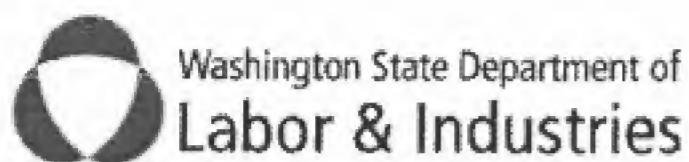
DEPARTMENT OF L&I
TACOMA, WA

I was employed at the View in
Washington, I'm a veteran and
they were supposedly a veteran's place
to help me reintegrate into society
from prison. They hired me telling
me my work paid for their program
and housing upon release. I worked there
6 month and was only PAID 65\$ an hour
I never saw or received any programs
OR VA help, I know other guys
were paid for all their time of the
difference between 65\$ and minimum wage.
I should have ~~\$1300~~ at ~~\$1300~~
Comey from them, please help me.

Thank you.

[REDACTED]

LM



Employment Standards Program
360-902-5316 or 1-866-219-7321

RECEIVED
9/17/18
DEPARTMENT OF LABOR
TACOMA, WA

Worker Rights Complaint Form

WA Unified Business Identifier (UBI):

601064518

CATS #: NAICS #:

131885 321999

A: Worker Information

Language Preference (check one) <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese Simplified <input type="checkbox"/> Chinese Traditional <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other:			
Name (Last, First, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. [REDACTED]		Social Security Number (optional) [REDACTED]	Home Phone Number [REDACTED] Cell Phone Number [REDACTED]
Home Address [REDACTED]		Complaint is for this period of time From: 9/6/18 - 8/14/18	To: 9/20/18 Your Pay Rate \$ 11.50
City Tacoma State WA Zip Code 98405		Date you began work with this employer 8/14/18	Are you still employed with company <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Email Address [REDACTED]		If not still with this employer, last date employed 9/18/18	Reason for leaving job <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Don't know
What kind of work did you do? Assembly ✓ 1- NO Benefits 2- I left cus they play with my money			

B: Employer Information

Name of Company V.I.E.W.	Name of Company Owner, Manager, or Supervisor	
Company Mailing Address 9630 16th ST. E # B16	Company Phone Number (253) 922-5650	Company Cell Phone Number [REDACTED]
City Fife State WA Zip Code 98424	Company Fax Number [REDACTED]	Company Email Address, if known [REDACTED]
Address where you worked if not at the above address Same as Above		
City TACOMA State WA Zip Code	Has the company filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't know	Is the company still in business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

C: Wage Complaint Information (Skip to Section D if your complaint is not about wages.)

① Important: If you or your attorney have already filed a complaint about these wages in court, we cannot accept your claim.

What type of complaint are you filing? You may check more than one box below.	Tell us in detail why you are filing this complaint. You may attach additional sheets if you need more room.
<input checked="" type="checkbox"/> Final wages not paid <input type="checkbox"/> Minimum wage not paid <input type="checkbox"/> Money taken out of my paycheck (not taxes) without my permission* <input type="checkbox"/> Paid with NSF check (bounced check) <input checked="" type="checkbox"/> Hours worked not paid	<input type="checkbox"/> Overtime not paid <input checked="" type="checkbox"/> Willful failure to pay agreed wages <input type="checkbox"/> Unpaid tips, gratuities, service charges <input type="checkbox"/> Paid sick leave (also see Section E)
<small>* If you had a written agreement with your employer to deduct wages from your paycheck that wasn't followed correctly, we will need a copy.</small>	
<small>If you have copies of any records that will help us understand your complaint, please attach them to this form.</small>	

Because I worked for \$11.50 hr. and I want my money. Rosemary has done this on my last pay (my check bounced).

What wages do you believe are owed to you?	Rate of pay per Hour <input type="checkbox"/> Day <input type="checkbox"/> Weeks <input checked="" type="checkbox"/> Month \$ 20	Other rate of pay per: Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Flat rate <input type="checkbox"/> Other (specify)
--	--	--

Wages owed: From: 9/6/18 To: 9/20/18 For how many hours? 80 hrs.	Partial payment received? <input type="checkbox"/> \$ [REDACTED]	What pay is owed to you before taxes? \$ 920.00
--	--	---

Reason employer gave for not paying you:

They are moving its in the mail. "She's lying"

Rosemary



Washington State Department of
Labor & Industries

Employment Standards Program
360-902-5316 or 1-866-219-7321

Worker Rights Complaint Form

RECEIVED

WA Unified Business Identifier (UBI):

601064518

CATS #:

131884

NAICS #:

321999

A: Worker Information

Language Preference (check one) <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese Simplified <input type="checkbox"/> Chinese Traditional <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other:			
Name (Last, First, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Social Security Number (optional)	Home Phone Number	Cell Phone Number
██	██	██	██
Home Address ██	Complaint is for this period of time From: 6 Sept 18 To: 2015 Sept 18 Your Pay Rate \$ 11.50		
City Tacoma State WA Zip Code 98462	Date you began work with this employer	Are you still employed with company <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Email Address █████████████████████████████████	If not still with this employer, last date employed 17 Sept 18	Reason for leaving job <input type="checkbox"/> Fired <input checked="" type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Don't know	
What kind of work did you do?			

Veterans Independent Enterprise of Washington

B: Employer Information

Name of Company V.I.E.W	Name of Company Owner, Manager, or Supervisor Rosemary		
Company Mailing Address 4630 16th St E B16	Company Phone Number 253 922 3650	Company Cell Phone Number	
City Fife State WA Zip Code 98424	Company Fax Number	Company Email Address, if known	
Address where you worked if not at the above address			
Type of Company (for example: construction, restaurant, janitorial)			
City	State	Zip Code	Has the company filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't know
			Is the company still in business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

C: Wage Complaint Information (Skip to Section D if your complaint is not about wages.)

① Important: If you or your attorney have already filed a complaint about these wages in court, we cannot accept your claim.

What type of complaint are you filing? You may check more than one box below.	Tell us in detail why you are filing this complaint. You may attach additional sheets if you need more room.
<input checked="" type="checkbox"/> Final wages not paid <input type="checkbox"/> Minimum wage not paid <input type="checkbox"/> Money taken out of my paycheck (not taxes) without my permission* <input checked="" type="checkbox"/> Paid with NSF check (bounced check) <input type="checkbox"/> Hours worked not paid	<input type="checkbox"/> Overtime not paid <input type="checkbox"/> Willful failure to pay agreed wages <input type="checkbox"/> Unpaid tips, gratuities, service charges <input type="checkbox"/> Paid sick leave (also see Section E)
<small>* If you had a written agreement with your employer to deduct wages from your paycheck that wasn't followed correctly, we will need a copy.</small>	
<small>If you have copies of any records that will help us understand your complaint, please attach them to this form.</small>	

My first check bounces it took a week later for Rosemary to paid me did not pay bounce fee. \$29

What wages do you believe are owed to you?

Rate of pay per \$ 11.50	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	Other rate of pay per: \$	Piece rate <input type="checkbox"/>	Commission <input type="checkbox"/>	Sq. Ft. <input type="checkbox"/>	Flat rate <input type="checkbox"/>	Other (specify)
Wages owed: From: 6 Sept To: 11 Sept	For how many hours? 60				Partial payment received? \$	What pay is owed to you before taxes? \$ 598				

Reason employer gave for not paying you:

IV. FACTUAL ALLEGATIONS

4.1. Plaintiffs and members of the putative class are or were employed in various positions at VIEW's Fife location at 4630 16th St E Suite B-16 and its new location in University Place, WA.

4.2. Plaintiffs and members of the putative class were regularly not paid on the established pay dates, but rather paid late, short paid or not paid at all.

4.3. Plaintiffs and members of the putative class were allowed, encouraged and implicitly threatened to volunteer for VIEW performing the same duties as they performed as employees or performing other duties normally performed by employees of VIEW but were not paid for the time worked.

4.4. Plaintiff Garwick and other members of the putative class entered into written agreements whereby in lieu of paying previously unpaid wages due at the time, Defendants would instead pay additional wages on each future paycheck to compensate. Defendants subsequently did not pay the agreed wages.

4.5. Defendants agreed to pay out accrued paid time off at separation; however, Plaintiffs and members of the putative were not paid for their accrued paid time off.

4.6. Defendants were financially benefited when they deducted amounts for rent, program fees and other related fees from wages of Plaintiffs and members of the putative class

V. CLASS ACTION ALLEGATIONS

5.1. Plaintiffs seek to represent all past and current employees of Defendants

5.2. This action is properly maintainable as a class action under CR 23(a) and (b)(3).



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

COPY

EMPLOYMENT STANDARDS PROGRAM
950 Broadway Suite 200 Tacoma, WA 98402
Tel: 253-596-3866

April 10, 2018

Attn: Board Members / Governing Persons Don Hutt, Gary Petersen
Veterans Independent Enterprises of WA dba VIEW
4630 16th St E Ste B-16
Fife, WA 98424

Subject: Complaints for unpaid wages

Dear Governing Persons:

Since our last letter dated March 27, 2018, the Department of Labor and Industries has received two additional wage complaints filed by former employees. We had hoped you would respond explaining why the wages are not due or you have forwarded checks made out to each claimant in the appropriate amount to close out these claims.

We have not received any communication from you concerning these complaints and now have received additional complaints. We already notified you regarding Jennifer Richards and Wallace Pruitt on March 27, 2018.

Please see below for wages owed for all four employees:

Name of Worker	Amount Claimed	Work Period
Jennifer Richards	\$1,543.31	2/1/2018 – 2/27/2018
Wallace Pruitt	\$1,748.00	2/1/2018 – 2/27/2018
Matthew Granstrom	\$2,315.00	2/1/2018 – 4/7/2018
Michael Garwick	\$3,447.00	2/1/2018 – 4/4/2018
TOTAL	\$9,053.31	

This is to notify you that we will be adding the additional employees to the list of unpaid employees that will be included in the forthcoming citation and notice of assessment.

Please review the calculations and if you do not dispute these amounts, send individual checks made payable to each employee named in this letter in the amount owing, less required taxes. Send the checks by **April 20, 2018**.

If you disagree with L&I's calculations, you must send a written response stating your company's legal reasons for nonpayment by **April 20, 2018** and provide your calculations as to the amount due and supporting records.



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

March 5, 2018

Jennifer Richards

[REDACTED]

Re: Complaint for unpaid wages
Veterans Independant Enterprises of Washington
Complaint No. 126272

Dear Jennifer Richards:

We have received the Worker Rights Complaint you filed with us against your employer and will review it for further action.

Here's what you need to know now:

1. It will take approximately sixty days from today's date for us to make a decision on your complaint. We receive many complaints and do our best to follow up on each one. Some complaints take longer because they are complex. If we need more time, we will notify you and your employer by letter.

2. You must let us know immediately if:

- Your employer pays you what is owed.
- Your address or phone number changes:

If it does, write to the address below. This is *very* important because:

- If we collect wages for you, we'll need to know where to send your check.
- If we have questions during our investigation, you will be responsible for getting the information to us right away. Any delay could jeopardize your claim or cause you to lose legal rights.

- You take legal action yourself, either by hiring an attorney or by going to Small Claims Court (\$5000 limit). L&I cannot act on your behalf if you are taking other legal action.



STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

Employment Standards Program 98402-4453

950 Broadway, Suite 200 Tacoma, WA 98402

253-596-3936

COPY

March 27, 2018

Attn: Board Members
Veterans Independent Enterprises of Washington
4630 16th St E Suite #B-16
Fife, WA 98424

Subject: **Important: Employees have filed a wage complaint against your company**
Complaint No. 126272 & 126273

Dear Employer:

I am writing to let you know that we have received wage complaints from the current or former employees of yours listed below. I hope to hear from you soon so that we can quickly and fairly resolve this complaint with the most complete information you can make available to us.

Complaint Number:	Name of employee:	Amount of wage claim:	For wages earned in the pay period or work period:
126272	Jennifer Richards	\$1543.31	2/1/2018 – 2/27/2018
126273	Wallace Pruitt	\$1748.00	2/1/2018 – 2/27/2018
Total All Wages Claimed:		\$3291.31	

Jennifer Richards alleges that she is owed \$1543.31 in gross wages. This amount represents 134.2 regular hours at the rate of \$11.50 per hour during the period of February 01, 2018 through February 27, 2018.

Wallace Pruitt alleges that he is owed \$1748.00 in gross wages. This amount represents 152 regular hours at the rate of \$11.50 per hour during the period of February 01, 2018 through February 27, 2018.

The attached Wage Transcription Sheets show how the wages were calculated.

If you agree you owe these wages:

- Write checks *made payable to each of the above employees* for the amount shown in the table, less applicable taxes.
- Prepare statements of earnings for each employee for the time period(s) shown above.
- Send the checks and earnings statements to L&I at the address above.

➤ L&I will mail you a signed release of complaint from each employee.

